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Technology Center 2100

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	09/681,390
Filing Date	3-28-01
First Named Inventor	Kotlarsky, Mark
Group Art Unit	2161
Examiner Name	
Attorney Docket Number	Kotlarski

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client has expressed that he no longer desires  
the attorney of record to continue representation.

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**☐ Customer Number

OR

☐ Firm or  
Individual Name

Mark Kotlarsky

Address

11610 Piney Spring Lane

Address

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State

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20854

Country

USA

Telephone

Fax

This request is enclosed in triplicate.

Name

Michael Greenberg

Signature

Date

7/18/01

**NOTE:** Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.